

Case Number:	CM14-0020134		
Date Assigned:	04/25/2014	Date of Injury:	10/10/2013
Decision Date:	07/14/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60 year old female who reported an injury on 10/10/2013. The mechanism of injury was not provided. Per the 12/24/2013 clinical note, the patient reported chronic pain and depression. Physical exam findings included reduced range of motion of the cervical spine with muscle spasm. The patient demonstrated a negative spurling's test and 4/5 motor strength of the upper extremities. Examination of the lumbar and thoracic spine showed muscle spasm in the paralumbar musculature, decreased range of motion, 5/5 motor strength of the lower extremities, and 2+ reflexes bilaterally. Straight leg raise was positive on the right at 80 degrees in the sitting position. Examination of the right shoulder showed decreased range of motion and a positive Neer's and Hawkin's tests. The patient's diagnoses included chronic intractable neck pain, multiple level cervical degenerative disc disease, disc herniations, and stenosis, radiculopathy upper extremities/neuropathic pain, right shoulder impingement syndrome and AC joint arthrosis, lumbar spine chronic intractable pain, multiple level lumbar disc herniations, disc desiccation, and degenerative disc disease, lower extremity radiculopathy/neuropathic pain, and depression. The request for authorization form was submitted on 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ONDANSETRON 4MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics (For Opioid Nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (For Opioid Nausea).

Decision rationale: The ODG does not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and acute use for gastroenteritis. The medical records provided indicate Ondansetron was prescribed to counter nausea from the patient's nonsteroidal anti-inflammatory drug (NSAID) prophylaxis. The guidelines do not support the use of Ondansetron for this purpose. As such, the request is not medically necessary.

WELLBUTRIN 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter: Antidepressants For Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

Decision rationale: The California MTUS guidelines recommend Wellbutrin only as an option after other agents. It has shown some efficacy in neuropathic pain; however, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Also, Wellbutrin is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The medical records provided indicate Wellbutrin was prescribed for depression and neuropathic pain. The provider stated the medications gave the injured worker some functional improvement and pain relief. It is unclear the efficacy of the medication in regards to the injured worker's pain and depression. In addition, physical exam findings did not indicate any significant neurological deficits to warrant the use of Wellbutrin. As such, the request is not medically necessary.